Date

	MODIFIED PTO/SB/47 (07-0)
"FEE ADDRESS" INDICATION FORM	
Address to: MAIL STOP M CORRESPONDENCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
application. If there is a Customer Number already association check the first box below and provide the Customer Number	ddress should be specified when the patentee would like a different address than the correspondence address for the ted with the fee address for the patent or allowed application, rin the space provided. If there is no Customer Number plication, you must check the second box below and attach a
00	of 37 CFR 1.363 the address associated with: t Annuities (CPA) 197 er Number
OR	er Number
Request for Customer Number (PTO/SB/125) attached in the following listed application(s) for which the Issue Fe	
PATENT NUMBER (if known)	APPLICATION NUMBER
7,560,041	10/581,063
Completed by (check one):	
☐ Applicant/Inventor	/Sunhee Lee/ Signature
	S .
Attorney or Agent of record 53,892 (Reg. No.)	Sunhee Lee Typed or printed name
□ Assignee of record of the entire interest. See 37 CFR 3.	
Statement under 37 CFR 3.73 (b) is enclosed. (Form	
PTO/SB/96)	1-202-775-7588
	Requester's telephone number
☐ Assignment recorded at Reel Frame	October 28, 2009

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below*.

forms are submitted.

NOTE: □ *Total of